

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

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Web site: www.hawaii.gov/ethics

NOTE: This is a public document.

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type of Print Cleany)						
PART I LOBBYIST						
NAME (Last)	(First)	(Middle)	TELEPHONE			
Moy	Alicia		(808) 535-4700			
MAILING ADDRESS (Street)	FAX (808) 535-5943					
745 Fort Street Mall, S	EMAIL amoy@hawaiigas.com					
(City)	(State)		(Zip Code)			
Honolulu	HI		96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			oby) TELEPHONE			
The Gas Company, L	(808) 535-5900					
MAILING ADDRESS (Street)	FAX (808) 535-5943					
745 Fort Street Mall, S	EMAIL hawaiigas.com					
(City)	(State)		(Zip Code)			
Honolulu	HI		96813			

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
The Gas Company, LLC di	(808) 535-4700	
MAILING ADDRESS (Street)	FAX same as above	
same as above		EMAIL hawaiigas.com
(City)	(State)	(Zip Code)
same as above		
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Joseph J. Boivin		(808) 535-5934
MAILING ADDRESS (Street)		FAX same as above
same as above		EMAIL jboivin@hawaiigas.com
(City)	(State)	(Zip Code)
same as above		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	☐ Labor & Employment	✓ Transportation			
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	✓ Public Safety & Corrections				
PART IV CERTIFICATIO	N OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
alica ly 1/30/15						
Mer (Mindle) in a control of	(Signature of Lobbyist) (Date)					
PART V AUTHORIZATION TO LOBBY						
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Alicia Moy	President & CEO					
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE			
The Gas Company, LLC dba Hawaii Gas			(808) 535-4700			
MAILING ADDRESS (Street)			FAX (808) 535-5943			
745 Fort Street Mall, Suite 1800			EMAIL amoy@hawaiigas.com			
(City)	(State)		(Zip Code)			
Honolulu	НІ		96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
ali we Is			1/30/15			
(Signature of Authorizing Officer or Person Represented)			(Date)			

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